



Docket No. 0575/55669-Z

In re application of: Cy Stein

Serial No.: 09/832,648

Examiner: J. Epps-Ford

Filed: April 11, 2001

Group Art Unit: 1635

For: OLIGONUCLEOTIDE INHIBITORS OF bcl-xL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

June 16, 2004

S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

☐ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTIT
Total Claims	82	-	* 77	=	*** 5	x	\$9.00	\$18.00	=	45
Indepen- dent Claims	16	-	** 16	=	*** 0	x	\$43.00	\$86.00	=	0
Multiple Dependent Claims(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time:							\$145.00	\$290.00		0
							TOTAL ADDITIONAL \$ 45 FEE			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. _____
in the amount of \$ _____.

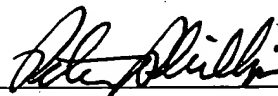
☒ A check in the amount of \$ 225.00 is enclosed.
(including \$45 claim fees and \$180 for an I.D.S.)

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

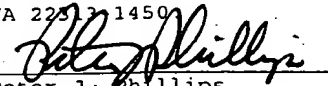
☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22317-1450.

 7/16/04
Peter J. Phillips Date
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